



CITY OF RIVERSIDE
BUSINESS TAX
AMNESTY APPLICATION

3900 MAIN STREET
RIVERSIDE, CA 92522
Telephone (951) 826-5465
Fax (951) 826-2505

GENERAL INFORMATION

OWNER'S NAME (If corporation, use corporate name. If partnership-principal)		DRIVER'S LICENSE NUMBER		STATE	EXPIRATION DATE
BUSINESS NAME (DBA)		DESCRIPTION OF BUSINESS (Be specific)			HOME OCCUPATION: <input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> SOLE OWNER <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> L.L.P. <input type="checkbox"/> L.L.C.					
BUSINESS ADDRESS		STREET	CITY	STATE	ZIP
MAILING ADDRESS (if different)		STREET	CITY	STATE	ZIP
RESIDENCE ADDRESS (if different)		STREET	CITY	STATE	ZIP
RIVERSIDE START DATE		FEDERAL TAX ID. NUMBER	SALES TAX (SELLER'S PERMIT) NUMBER	SOCIAL SECURITY NUMBER	BUSINESS E-MAIL
DOES YOUR BUSINESS HAVE A CALIF. STATE LIC? <input type="checkbox"/> Yes <input type="checkbox"/> No		STATE LICENSE NUMBER	CLASSIFICATION(S)	EXPIRATION DATE	
LIST OF PRINCIPLE OFFICER'S OR PARTNER'S NAMES AND ADDRESSES		TITLE		AREA CODE/TELEPHONE	
		TITLE		AREA CODE/TELEPHONE	
		TITLE		AREA CODE/TELEPHONE	

BUSINESS OPERATIONS INFORMATION

RETAIL/WHOLESALE/MANUFACTURING BUSINESS INFORMATION	GENERAL/PROFESSIONAL SERVICES INFORMATION
1. Does your business sell to the general public? <input type="checkbox"/> Y <input type="checkbox"/> N	1. Does your business provide a professional service? (practice of law, medicine, dentistry, accounting, engineering, Mortuary, hospital, architecture, chemistry, geology etc.)
2. Is your business wholesale only? <input type="checkbox"/> Y <input type="checkbox"/> N	As defined in RMC 5.04.010 <input type="checkbox"/> Y <input type="checkbox"/> N
3. Is your business manufacturing only? <input type="checkbox"/> Y <input type="checkbox"/> N	2. Does your business offer massage? <input type="checkbox"/> Y <input type="checkbox"/> N
4. Is your business automobile sales only? <input type="checkbox"/> Y <input type="checkbox"/> N	3. Are you an Adult Entertainment Business? <input type="checkbox"/> Y <input type="checkbox"/> N
5. Do you operate a food cart/pushcart? <input type="checkbox"/> Y <input type="checkbox"/> N	4. How many employees does your business have working in Riverside? Non-professional? _____ Professional? _____
6. If yes, where do you operate? _____	
7. Do you sell alcoholic beverages? <input type="checkbox"/> Y <input type="checkbox"/> N	
8. If yes, ABC License Number: _____	
9. Does your business have amusement machines, video games Vending machines and/or pool tables? <input type="checkbox"/> Y <input type="checkbox"/> N	
How many: _____ Type: _____	
10. What is your first year estimated gross receipts? \$ _____	

BUILDING AND FACILITY INFORMATION

Do you ☐ own or ☐ rent/lease your business property?
If rent/lease, who is the property owner? _____

TAX LIABILITY INFORMATION

ENTER TAXABLE YEAR (S) FOR WHICH AMNESTY IS BEING REQUESTED:

Begin ___/___/___ End ___/___/___; Begin ___/___/___ End ___/___/___; Begin ___/___/___ End ___/___/___;

ACKNOWLEDGEMENT

Payment of this tax does not constitute zoning or building code approval. Check with the Planning Department in order to determine if your business can be legally established at your location. I declare, under penalty of perjury, that I am authorized to complete this application and, that to the best of my knowledge, the provided information and statements are true and correct.

SIGNATURE, OWNER OR AUTHORIZED AGENT DATE PRINT NAME/TITLE

FINANCE DEPARTMENT USE ONLY - DO NOT WRITE BELOW THIS LINE

ACCOUNT NO:	ID. NO.	APP/CONT NO.	LOC	TYPE	RATE	EXP. DATE	REC'D BY	REC'D DATE
TAX CALCULATION - YEAR 1			TAX CALCULATION - YEAR 2			TAX CALCULATION - YEAR 3		
BASE TAX:			BASE TAX:			BASE TAX:		
TAX 1:			TAX 1:			TAX 1:		
TAX 2:			TAX 2:			TAX 2:		
ADJUSTMENT:			ADJUSTMENT:			ADJUSTMENT:		
PENALTY:			PENALTY:			PENALTY:		
SUBTOTAL:			SUBTOTAL:			SUBTOTAL:		
IMP. DIST:			IMP. DIST:			IMP. DIST:		
TOTAL DUE:			TOTAL DUE:			TOTAL DUE:		

COMMENTS

Approved: Yes _____ No _____ Reason if no: _____

Approved By: _____ Date: _____

Additional Comments: _____